

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040379

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10308

FILED NOV 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
1 Week

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Luke's Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St. Louis

Inside Limits
Yes ☐ No ☐

c. CITY
OR TOWN

Vinita Park

d. STREET
ADDRESS

(If outside, give location)
8227 Buchanan Ave

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Harrison (Harry) Hayden Johnson

4. DATE OF DEATH

Month

Day

Year

October 26, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married

☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/11/1889

9. AGE (last birthday)

73

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Building Contractor (Retired)

10b. KIND OF BUSINESS OR INDUSTRY
Self

11. BIRTHPLACE (City and state or country)
Sheridan, Indiana

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Theodore Johnson

13b. MOTHER'S MAIDEN NAME

Alpha Walker

14. NAME OF HUSBAND OR WIFE

Mabel P. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Mrs Mabel P. Johnson 8227 Buchanan Ave

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

URLEMIA

INTERVAL BETWEEN ONSET AND DEATH
WEEKS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

MYELOGENOUS LEUKEMIA

2 YRS.

DUE TO (c)

204.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **OCT 19, 1960** to **OCT. 25, 1962** and last saw him alive on **OCT. 25, 1962**

Death occurred at **7:30 PM. OCT 25, 1962** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Roy David Williams M.D.

22b. ADDRESS

114 NO. TAYLOR ST. LOUIS MO.

22c. DATE SIGNED

26 OCT. 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/29/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

23d. LOCATION (City, town, or county)

Kirkwood, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

OCT 29 1962

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jos. E. McCallister

Licensed Embalmer No. 2460

P. O. Address 6176 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply, with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.